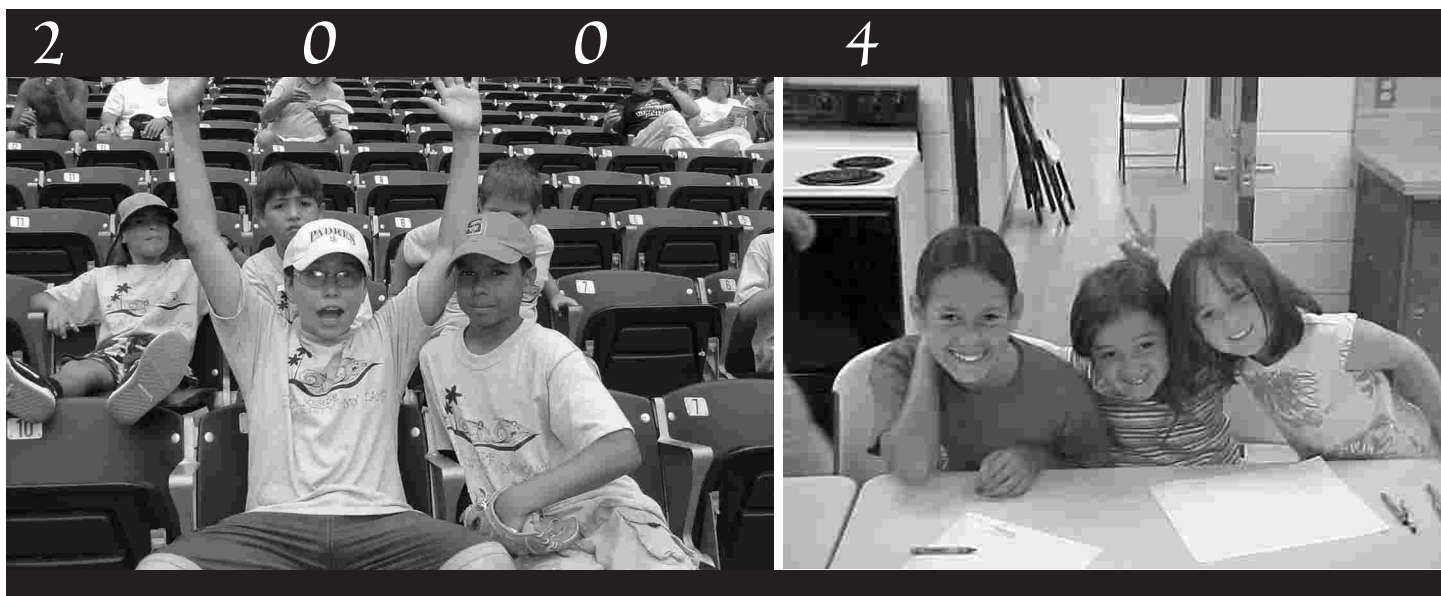


COMMUNITY DAY CAMP



THE CHULA VISTA COMMUNITY DAY CAMP IS BACK!
Campers: Get ready for an action-packed, adventure-filled summer.

Loma Verde Rec Center • June 28 - August 20

Session 1 (June 28 - July 2)	SURFIN' USA <i>Silverstrand State Beach</i>	\$100 Resident / \$120 Nonresident
Session 2 (July 6 - 9)	WILD, WILD WEST <i>Boomer's Fun Center (No camp July 5.)</i>	\$85 Resident / \$105 Nonresident
Session 3 (July 12 - 16)	FUN IN THE SUN <i>Knott's Soak City USA</i>	\$100 Resident / \$120 Nonresident
Session 4 (July 19 - 23)	THE DEEP BLUE SEA <i>Huck Fin Fishing Trip</i>	\$120 Resident / \$145 Nonresident
Session 5 (July 26 - 30)	CAMPIN' OUT <i>Sleepover at Loma Verde</i>	\$100 Resident / \$120 Nonresident
Session 6 (Aug 2 - 6)	MISSION IMPOSSIBLE <i>Universal Studios</i>	\$120 Resident / \$145 Nonresident
Session 7 (Aug 9 - 13)	OLYMPIC GAMES <i>El Cajon Boardwalk</i>	\$100 Resident / \$120 Nonresident
Session 8 (Aug 16 - 20)	PIRATES OF THE CARRIBEAN <i>Disneyland</i>	\$120 Resident / \$145 Nonresident

Community Day Camp REGISTRATION FORM

Registration begins May 17



**Eight one-week sessions will be offered with a different theme each week!
Camp is Monday - Friday, from 9 am - 4 pm.**

Extended care is available from 7 - 9 am and from 4 - 6 pm for an additional \$30 per week. Camp will offer such activities as swimming, arts & crafts, games, field trips, sports, and other special events for campers age 6 - 12. A sack lunch is needed each day. Campers are NOT guaranteed a spot week to week and space is limited, so make sure to sign your camper up early as spaces will fill up!

Here's to looking ahead to a great summer!

For more information, contact Stephanie McIntyre at the Loma Verde Rec Center (619)691-5082.

Circle session(s): 1 2 3 4 5 6 7 8

Participant: _____ Age: _____ Birth Date: _____

Parent/Guardian: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

Person authorized for pick-up: _____ Password: _____

Emergency Contact: _____ Day Phone: _____

Allergies / Medical Condition(s): _____

ACCIDENT WAIVER & RELEASE OF LIABILITY

I _____ (REGISTRANT), and I _____ *(parent/guardian), hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature: _____

_____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

WE CREATE COMMUNITY THROUGH PEOPLE, PARKS, & PROGRAMS.



Persons with special needs or accommodations are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at (19) 409 5800 two weeks in advance of the program.